Checking Beneficiary Eligibility

Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE) Guide

Chapter 2

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CGS Administrators, LLC
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Checking Beneficiary Eligibility using ELGA/ELGH

Providers are encouraged to check the beneficiary’s Medicare eligibility often. Eligibility should be checked at least prior to admission, monthly and prior to submitting billing transactions for processing. Checking beneficiary eligibility allows you to identify critical information such as whether the beneficiary is/has:

- entitled to Medicare Part A, Part B, or both Part A and Part B
- enrolled in a Medicare Advantage (MA) plan
- enrolled with another insurance that is primary over Medicare
- in an open 60-day HH PPS (Home Health Prospective Payment System) episode
- a prior/current hospice election period
- met their deductible requirements
- met the therapy cap for the calendar year

Eligibility records, which are maintained for CMS (Centers for Medicare & Medicaid Services) by the Social Security Administration, are stored electronically in the CWF (Common Working File) system. You can access CWF records to view eligibility information via the eligibility screens, ELGA (Part A eligibility) or ELGH (home health and hospice eligibility) provided that you have identifying information about your beneficiary.

Home health and hospice providers will normally access ELGH. ELGA is typically used by hospitals and skilled nursing facilities (SNFs). However, it may be necessary to use both ELGH and ELGA to obtain all the necessary eligibility information for a beneficiary depending upon the services being billed to Medicare.

For answers to common questions or issues related to the ELGH/ELGA screens, please refer to the “Beneficiary Eligibility Information” FAQs available at http://www.cgsmedicare.com/hhh/education/faqs/Beneficiary_Eligibility_Info_FAQs.html on the CGS website. Additional FAQs on a variety of topics are also available at: http://www.cgsmedicare.com/hhh/education/faqs/index.html

Other Systems for Checking Medicare Eligibility: Refer to the CGS Checking Beneficiary Eligibility Web page at https://www.cgsmedicare.com/hhh/claims/checking_bene_eligibility.html for information about other systems that are available to check beneficiary eligibility.
**Information Necessary to Check Eligibility**

You must have the following five pieces of information about the beneficiary to check eligibility:

1. HIC (Health Insurance Claim) Number (also called their Medicare number)
2. First initial of first name
3. Last name
4. Date of birth (MMDDCCYY format)
5. Gender

Prior to accessing ELGA/ELGH, you should verify the information listed above matches the information on the beneficiary’s red, white and blue Medicare card.

You must also have your Medicare Provider Transaction Access Number (PTAN) (formerly known as the Legacy or OSCAR provider number) and the CGS intermediary number (15004) to check eligibility.

The following provides information about the ELGA/ELGH eligibility screens.
Accessing ELGA and ELGH

1. To access ELGA and ELGH as you sign in to the FISS, type the letters ELGA or ELGH on the ‘Welcome to CMS EDC at HPES’ screen (where you would normally type FSS0) and press ENTER.

- Providers should not use the Inquiry Option 10 (Beneficiary/CWF) in the Fiscal Intermediary Standard System (FISS) to verify beneficiary eligibility as the information may not be as current as the CWF information that is accessed via ELGA and ELGH.

2. Once you have pressed Enter, the CWF Part A Eligibility System screen appears. The fields, in which you type the beneficiary information, are identical for both the ELGA and ELGH eligibility screens.
3. Complete the required fields as indicated below.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>What to Enter</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIC NUMBER</td>
<td>The beneficiary’s Health Insurance Claim (HIC) number.</td>
</tr>
<tr>
<td>SURNAME</td>
<td>The beneficiary’s last name (only accepts up to 6 letters).</td>
</tr>
<tr>
<td>INITIAL</td>
<td>The first letter of beneficiary’s first name.</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>The beneficiary’s date of birth in a MMDDCCYY format.</td>
</tr>
<tr>
<td>SEX CODE</td>
<td>The beneficiary’s gender (M or F).</td>
</tr>
<tr>
<td>REQUESTOR ID</td>
<td>The requestor ID number <strong>0011</strong></td>
</tr>
<tr>
<td>INTER NO</td>
<td>The Medicare intermediary number <strong>15004</strong></td>
</tr>
<tr>
<td>NPI INDICATOR</td>
<td>The National Provider Identifier (NPI). Leave blank.</td>
</tr>
<tr>
<td>PROVIDER NO</td>
<td>Your facility’s Provider Transaction Access Number (PTAN) (previously known as a Legacy number or OSCAR), which is usually six digits.</td>
</tr>
<tr>
<td>Field Name</td>
<td>What to Enter</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HOST ID</td>
<td>Usually left blank or insert one of the following. See the table under “Information About the HOST ID Field” found later in this chapter.</td>
</tr>
<tr>
<td></td>
<td>GL – Great Lakes</td>
</tr>
<tr>
<td></td>
<td>MA – Mid-Atlantic</td>
</tr>
<tr>
<td></td>
<td>SE – Southeast</td>
</tr>
<tr>
<td>APP DATE</td>
<td>When left blank, the APP DATE field defaults to the current date. Entering a date into the APP DATE field (MMDDCCYY format) will affect the eligibility information that is displayed relating to:</td>
</tr>
<tr>
<td></td>
<td>• Medicare Secondary Payer (MSP) records</td>
</tr>
<tr>
<td></td>
<td>• Hospital/SNF stays</td>
</tr>
<tr>
<td></td>
<td>• Home health prospective payment system (HH PPS) episodes</td>
</tr>
<tr>
<td></td>
<td>• Hospice benefit periods</td>
</tr>
<tr>
<td></td>
<td>• Part B deductible</td>
</tr>
<tr>
<td></td>
<td>• Therapy cap</td>
</tr>
<tr>
<td></td>
<td>More detailed information about using the APP DATE field can be found under the heading “Information about the APP DATE Field” found later in this chapter.</td>
</tr>
<tr>
<td>REASON CODE</td>
<td>Reason for the inquiry: 1 – Status Inquiry (default)</td>
</tr>
<tr>
<td>RESPONSE CODE</td>
<td>Indicates whether the inquiry is an actual test or CWF test inquiry: P – Production (default)</td>
</tr>
</tbody>
</table>

→ The example below illustrates how the CWF Part A Eligibility System screen looks after the information is completed, but before the Enter key is pressed.

```
ELGH                   CWF PART A ELIGIBILITY SYSTEM                 ELGHSAT1
MM/DD/CCYY HH:MM:SS    INQUIRY BY HOME HEALTH AGENCY

ENTER THE FOLLOWING FIELDS:

HIC NUMBER : xxxxxxxxxxxA
SURNAME    : xxxxxxx
INITIAL     : x
DATE OF BIRTH : ####### (MMDDCCYY)
SEX CODE   : x
REQUESTOR ID : 0011
INTER NO   : 15004
NPI INDICATOR : N-NPI or Blank
PROVIDER NO : xxxxxxx
HOST-ID     : GL, GW, KS, MA, PA, NE, SE, SO, SW
APP DATE    : (MMDDCCYY)
REASON CODE : 1
RESPONSE CODE : P
```
4. Once you have keyed the information on the CWF Part A Eligibility System screen, press \textit{ENTER}. The system will indicate that it’s searching for the record.

\Rightarrow If you receive an error message, refer to the information under the heading “Error Messages” found later in this chapter.

5. When the information is entered accurately and the record is located at the host site, the first page of the beneficiary’s eligibility record will display on your screen.

\Rightarrow The eligibility record will have several pages of information. Use your F8 key to page forward through the beneficiary eligibility pages. Use your F7 key to page back.

6. If you want to look up another beneficiary’s eligibility information or need to enter an APP DATE, press F1 from any of the CWF inquiry pages, and you will return to the CWF Part A Eligibility System screen.

7. When you are finished viewing the record, press F3. You will return to a blank screen. You may:
   a. type \textit{FSS0} and press \textit{ENTER} to access FISS; or
   b. type \textit{logoff} and press \textit{ENTER} to return to the “Activity Screen”. Press F3 again to return to the “Selection Screen”.


### Information about the HOST ID Field

The HOST ID field is related to different CWF host sites where beneficiary records are stored. Records are stored based on the location where the beneficiary’s Social Security Number was issued. There are nine host sites as identified in the following table.

<table>
<thead>
<tr>
<th>GL – Great Lakes</th>
<th>MA – Mid-Atlantic</th>
<th>SE – Southeast</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Illinois</td>
<td>• Indiana</td>
<td>• Alabama</td>
</tr>
<tr>
<td>• Michigan</td>
<td>• Maryland</td>
<td>• Kentucky</td>
</tr>
<tr>
<td>• Minnesota</td>
<td>• Ohio</td>
<td>• Mississippi</td>
</tr>
<tr>
<td>• Wisconsin</td>
<td>• Virginia</td>
<td>• North Carolina</td>
</tr>
<tr>
<td></td>
<td>• West Virginia</td>
<td>• South Carolina</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Tennessee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GW – Great Western (default)</th>
<th>PA – Pacific</th>
<th>SO – South</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Idaho</td>
<td>• Alaska</td>
<td>• Florida</td>
</tr>
<tr>
<td>• Iowa</td>
<td>• Arizona</td>
<td>• Georgia</td>
</tr>
<tr>
<td>• Kansas</td>
<td>• California</td>
<td></td>
</tr>
<tr>
<td>• Missouri</td>
<td>• Hawaii</td>
<td></td>
</tr>
<tr>
<td>• Montana</td>
<td>• Nevada</td>
<td></td>
</tr>
<tr>
<td>• Montana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Nebraska</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• North Dakota</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Oregon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• South Dakota</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Utah</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Washington</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Wyoming</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KS – Keystone</th>
<th>NE – Northeast</th>
<th>SW – Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Delaware</td>
<td>• Connecticut</td>
<td>• Arkansas</td>
</tr>
<tr>
<td>• New Jersey</td>
<td>• Maine</td>
<td>• Colorado</td>
</tr>
<tr>
<td>• New York</td>
<td>• Massachusetts</td>
<td>• Louisiana</td>
</tr>
<tr>
<td>• Pennsylvania</td>
<td>• New Hampshire</td>
<td>• New Mexico</td>
</tr>
<tr>
<td></td>
<td>• Rhode Island</td>
<td>• Oklahoma</td>
</tr>
<tr>
<td></td>
<td>• Vermont</td>
<td>• Texas</td>
</tr>
</tbody>
</table>

The default HOST-ID is always GW. If the beneficiary’s information cannot be found at the default host site, you may need to look for the beneficiary's information at another host site by entering a two-character HOST-ID site (e.g., SO). You may need to try each of the different host sites before finding the beneficiary’s information. Note: Once you have accessed beneficiary eligibility information, it is no longer necessary for you to enter the HOST ID code as the system retains this information.
**Information about the APP DATE Field**

The ELGA and ELGH screens display beneficiary eligibility information. By using the APP DATE field, you can view the data that impacts your dates of services. When this field is left blank, the following eligibility information, if applicable, will display data based on the current date. By entering a date (MMDDCCYY) into the APP DATE field, the following information will display data based on the date entered:

- Medicare Secondary Payer (MSP) records
- Hospital/SNF stays
- Home Health Prospective Payment System (HH PPS) episodes
- Hospice benefit periods
- Part B deductible
- Therapy cap
- Medicare Advantage (MA) plans

<table>
<thead>
<tr>
<th>To Access:</th>
<th>Action:</th>
</tr>
</thead>
</table>
| Prior MSP Records | Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.  
To access prior MSP records, type the beneficiary’s Medicare Part A or Part B entitlement date in the APP DATE field.  
ELGH displays limited MSP information on screen page 04.  
ELGA displays more detailed MSP information. MSP information will appear beginning on ELGA screen page 15. One additional page will display for each MSP record that exist. |
| Prior Hospital/SNF Stay (This information is only available from ELGA.) | Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.  
Screen page 01 of ELGA displays the dates of the most recent hospital/SNF benefit period dates in the DOEBA and DOLBA fields, based on the APP DATE entered.  
For the earliest hospital/SNF stay, type the beneficiary’s Medicare Part A or Part B entitlement date in the APP DATE field. To find if a subsequent hospital/SNF stay occurred, enter a date in the APP DATE field that is one day after the DOLBA date of the hospital stay.  
Note: The information for the most current inpatient stay may not be available if the hospital/SNF has not submitted their billing to Medicare. In addition, if a beneficiary has had multiple inpatient stays during a benefit period, you will see the date of admission of the earliest inpatient stay in the DOEBA field and the date of discharge of the latest inpatient stay in the DOLBA field, based on the APP date entered. |
### To Access: | Action:
--- | ---
**Prior HH PPS Episodes** | Type the beneficiary’s date of admission to your facility or the date services were provided by your facility. In certain instances such as a beneficiary transfer between home health agencies, it may be necessary to enter a date that is one calendar day prior to your date of admission or dates of service.

Page 03 of ELGH displays the two most recent HH PPS episodes based on the APP DATE entered. Page 04 of ELGA displays similar information.

To find if prior HH PPS episodes exist, type the date that is prior to the START DATE of the earliest episode listed.

HHAs can also use these screens to determine whether there are any episodes which will impact where their episode falls within a series of adjacent episodes (“early” vs “late” episodes). In addition, HHAs can also determine whether prior episodes were fully denied and, therefore, not included in adjacent episode timing requirements.

This information is also important to determine whether the patient was under an established home health plan of care. A screen print is required for documentation. Refer to “Beneficiary Elected Home Health Transfer” Web page at [http://www.cgsmedicare.com/hhh/education/materials/hh_transfer.html](http://www.cgsmedicare.com/hhh/education/materials/hh_transfer.html) for additional information.

**Prior Hospice Benefit Periods** | When the APP DATE field is left blank ELGA (Page 2) and ELGH (Page 9) will display the 5 most recent hospice benefit periods. To determine if there are any hospice benefit periods prior to the start date of Period 1, enter a date that is one day less than the START Date.

**Prior Part B deductible** | Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.

Screen page 01 of ELGH or ELGA will provide the Part B deductible year and deductible amount remaining based on the APP DATE entered.
To Access: Prior Therapy Cap

Action: Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.

Screen page 01 of ELGH or ELGA will provide the therapy cap amount remaining for the year based on the APP DATE entered.

To Access: Prior Medicare Advantage (MA) plans

Action: Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.

To display prior MA plan information on screen page 05 of ELGH and screen page 01 of ELGA, the date entered in the APP DATE field must match the MA enrollment date, termination date, or be within the enrollment and termination date. Therefore, home health providers may need to enter a date for the 60 day episode period to determine if the beneficiary was enrolled in a MA plan during the home health episode.

Error Messages

➤ If you receive an error message “Provider not on security file”, contact the CGS Electronic Data Interchange (EDI) department at 1-877-299-4500 (select Option 2) and request your security be modified to allow access to ELGA and ELGH.

➤ If the message “BENE-ERROR, BENEFICIARY RECORD NOT FOUND” displays, verify the information that was entered. There may be a data entry error preventing the system from finding the beneficiary’s record. You may also want to enter various HOST ID codes, one at a time, to see if the beneficiary’s record is at another HOST-ID site.

➤ If a message appears containing the phrase “TNIF” (True Not in File), the eligibility file is being updated and this update may prevent you from being able to access the eligibility file for a short period of time. Try accessing the file at a later time.

➤ If the message “Following Fields in Error – Correct and Resubmit” displays, not all of the required information is keyed or the information keyed is invalid. The message will also identify which field is in error.
ELGH Screen Examples and Field Descriptions

Home health and hospice providers typically use ELGH to access eligibility information. Field descriptions for ELGH follow each screen example. ELGA screen examples and field descriptions are provided later in this chapter.

⇒ All dates shown on the ELGH screen are in MMDDCCYY format unless otherwise noted.

**ELGH Screen Page 01—Beneficiary Information**

1. To access ELGH, follow steps 1 through 7 under “Accessing ELGA and ELGH”. The following screen illustrations and field descriptions apply to the ELGH screens.

<table>
<thead>
<tr>
<th>ELGH</th>
<th>CWF</th>
<th>PART A</th>
<th>ELIGIBILITY SYSTEM</th>
<th>ELGH</th>
<th>CRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/CCYY</td>
<td>HH:MM:SS</td>
<td>BENEFICIARY INFORMATION</td>
<td>PAGE 01 of 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IP-REC</td>
<td>CN</td>
<td>NM</td>
<td>IT</td>
<td>DB</td>
<td>SX</td>
</tr>
<tr>
<td>PN</td>
<td>APP</td>
<td>REAS</td>
<td>REQ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISP-CODE</td>
<td>MSG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORRECT CN</td>
<td>NM</td>
<td>IT</td>
<td>DB</td>
<td>SX</td>
<td></td>
</tr>
<tr>
<td>A-ENT</td>
<td>A-TRM</td>
<td>B-ENT</td>
<td>B-TRM</td>
<td>DOD</td>
<td></td>
</tr>
<tr>
<td>PARTB</td>
<td>YR</td>
<td>DED-TBM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FULL-NAME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT</td>
<td>APL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PF1-INQ SCREEN</td>
<td>PF3/CLEAR=END</td>
<td>PF8=NEXT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

⇒ ELGH does not display periods of inactive eligibility for beneficiaries who are in the country unlawfully, have been deported or are incarcerated. However, inactive eligibility periods are available by accessing the eligibility tab in the myCGS online web portal. For additional information about myCGS, refer to the myCGS User Guide at [http://www.cgsmedicare.com/myCGS/manual.html](http://www.cgsmedicare.com/myCGS/manual.html) on the CGS website. Inactive eligibility information is also available from the Medicare Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). For information about HETS, refer to the Medicare Learning Network (MLN) Matters® article, SE1249 which is available at: [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1249.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1249.pdf)
ELGH Screen Page 01 Field Descriptions

IP-REC  For intermediary use only.

CN  The beneficiary’s Health Insurance Claim Number (HICN) as entered on the Common Working File (CWF) Part A Eligibility System screen.

NM  The beneficiary’s last name as entered on the CWF Part A Eligibility System screen.

IT  The first initial of the beneficiary’s first name as entered on the CWF Part A Eligibility System screen.

DB  The beneficiary’s date of birth as entered on the CWF Part A Eligibility System screen.

SX  The beneficiary’s gender as entered on the CWF Part A Eligibility System screen.

INT  The Medicare intermediary number as entered on the CWF Part A Eligibility System screen (15004).

⇒ If any of the information shown in the above fields appears in a different color, note the correct information found in the corresponding field on the “CORRECT” line. Ensure that you update your records and submit claims that reflect the correct information.

PN  Your facility’s Provider Transaction Access Number (PTAN), (formerly known as Medicare provider number or OSCAR) as entered on the CWF Part A Eligibility System screen.

APP  The date as entered in the APP DATE field on the CWF Part A Eligibility System. If the APP DATE field was left blank, this field will be blank.

REAS  The reason for this inquiry as entered on the CWF Part A Eligibility System. Valid codes:

1 – Status inquiry (default)
2 – Inquiry relating to an admission

REQ  The requestor ID as entered on the CWF Part A Eligibility System (0011).


50 – Not in file
51 – Not in file on CMS batch system
52 – Host Site ID error on database
53 – Not in file in CMS but possible resolution
55 – Does not match a master record
60 – Input/Output error on date base
61 – Cross reference data base problem
ELGH Screen Page 01 Field Descriptions (continued)

MSG  The description of the disposition (DISP CODE)

The first five fields listed below (CORRECT CN, NM, IT, DB, SX) will only display information if the beneficiary’s information entered on the CWF Part A Eligibility System screen was incorrect or has been updated. When submitting claims to Medicare, use the corrected information that displays in these fields to avoid claim submission errors. The remaining fields display the beneficiary’s eligibility information.

CORRECT CN  Corrected claim number.
NM  Corrected name.
IT  Corrected initial.
DB  Corrected date of birth.
SX  Corrected sex code.
A-ENT  The beneficiary’s date of entitlement to Medicare Part A benefits.
A-TRM  The beneficiary’s date of termination from Medicare Part A benefits.
B-ENT  The beneficiary’s date of entitlement to Medicare Part B benefits.
B-TRM  The beneficiary’s date of termination from Medicare Part B benefits.
DOD  Date of death of the beneficiary.
PART B YR  Most recent Part B year (CCYYMMDD).
DED-TBM  The amount of the Part B cash deductible remaining to be met for the current year.
FULL-NAME  The beneficiary’s full name as it appears on the Common Working File (CWF) master record. Ensure your claim is submitted with the beneficiary’s name as it appears here.
PT APL  The physical therapy and speech-language pathology (combined) cap amount applied in the Part B year. Note: Outpatient Part B therapy services are affected by the therapy caps when provided by a home health agency to beneficiaries who are not homebound or under a plan of care (type of bill 34X). Therapy services provided under the Home Health Prospective Payment System (HH PPS) (type of bill 329) are not impacted by the therapy cap limits.

For additional information about the therapy cap exception, refer to the “Additional Resources” listed on the “Home Health Outpatient Therapy Billing” Web page at http://www.cgsmedicare.com/hhh/education/materials/Home_Health_Outpatient_Therapy_Billing.html on the CGS website.

OT APL  The occupational therapy cap amount applied in the Part B year. See above “Note”.

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ELGH Screen Page 02—Home Health Benefit Periods

**Note:** This screen should not be used to determine a beneficiary’s status in a home health episode. (See ELGH Screen Page 03 for home health episode information.)

<table>
<thead>
<tr>
<th>ELGH</th>
<th>CWF</th>
<th>PART A</th>
<th>ELIGIBILITY SYSTEM</th>
<th>ELGHCR0</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/CCY</td>
<td>HH:MM:SS</td>
<td>HOME HEALTH BENEFIT PERIODS</td>
<td>PAGE 02 of 15</td>
<td></td>
</tr>
</tbody>
</table>

HH-REC  CN  NM  IT  DB  SX

**Earliest Billing Date**

The earliest home health billing date in the benefit period.

**Latest Billing Date**

The latest home health billing date in the benefit period.
ELGH Screen Page 03—Home Health PPS Episodes

Note: This screen will display the two most recent home health PPS episodes based on the APP DATE entered in the CWF Part A Eligibility System screen. If the APP DATE field is left blank, the most current information will display. Depending upon the episode information currently available for the beneficiary on this page, you may also need to review the information on ELGA Page 04.

ELGH Screen Page 03 Field Descriptions

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

START DATE  The first day of the 60-day Home Health Prospective Payment System (HH PPS) episode.

END DATE  The last day of the 60-day HH PPS episode.

INTER NUM  The intermediary number of the Medicare contractor that processed the home health billing transaction that established the episode of care.

PROV NUM  The provider number of the home health agency providing home health services.

PATSTAT  The patient status code submitted on the most recent home health billing transaction (request for anticipated payment (RAP) or claim).

When a “30” is displayed in this field, HHAs should also review the information on ELGA Page 04 to determine if the last billing transaction was a RAP or a final claim. A patient status code other than “30” indicates the primary HHA discharged the beneficiary from their care.

If your dates of service are within 60 days of the episode’s “END DATE” and the “PAT STAT” contains a “30”, or falls within an episode that displays a “30”, and the beneficiary is transferring to your HHA, you must print a copy of this page dated at the time the patient is admitted to your HHA. See the “Beneficiary Elected Home Health Transfer” Web page at http://www.cgsmedicare.com/hhh/education/materials/hh_transfer.html for more information.

CAN-IND  Valid Cancel Indicator

0 = RAP not cancelled
1 = RAP cancelled
2 = Full medical review claim denial
3 = Demand denial
This screen displays the two most recent HH PPS episodes based on the APP DATE entered. The most recent episode will appear on the top line. To determine if prior episodes exist, make a note of the earliest date that displays in the “START DATE” field, and press F1 to return to the CWF Part A Eligibility System screen. Ensure that all required fields are complete. Tab to the APP DATE field. Enter a date that is one day prior to the earliest episode start date. For example, if the date in the “START DATE” field appeared as 09172012, enter 09162012 in the APP DATE field and press Enter. ELGH Page 01 appears. Use your F8 key to page forward to ELGH Page 03. The two most recent HH PPS episodes, if there are any, will display based on the APP DATE entered. To see if additional episodes prior to the start date of these episodes exist, repeat the process by noting the earliest episode start date, pressing F1, and entering a date that is one day prior to the earliest episode start date in the APP DATE field.
**ELGH Screen Page 04—MSP Information**

This page displays Medicare Secondary Payer (MSP) information only when another insurance company is primary to Medicare. Supplemental insurer information (insurance which is secondary to Medicare), such as Medigap and Medicaid, will not appear on these screens. For Medicare Advantage (MA) plan information, refer to “ELGH Screen Page 05”.

**Reminder:** MSP records that have been termed are not viewable without the use of the “APP DATE” field. Review the information under the heading “Information about the APP DATE Field” found earlier in this chapter to ensure that you review data that may impact your dates of service. For assistance with submitting MSP claims, refer to the Medicare Secondary Payer (MSP) Overview Web page at [https://www.cgsmedicare.com/hhh/education/materials/MSP.html](https://www.cgsmedicare.com/hhh/education/materials/MSP.html) on the CGS website.

<table>
<thead>
<tr>
<th>ELGH</th>
<th>CWF</th>
<th>PART A</th>
<th>ELIGIBILITY SYSTEM</th>
<th>ELGH</th>
<th>CRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/CCYY</td>
<td>HH:MM:SS</td>
<td>MSP INFORMATION</td>
<td>PAGE 04 of 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSP-REC</td>
<td>CN</td>
<td>NM</td>
<td>IT</td>
<td>DB</td>
<td>SX</td>
</tr>
<tr>
<td>REC</td>
<td>MSP CODE</td>
<td>EFF DATE</td>
<td>TRM DATE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ELGH Screen Page 04 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**REC**  
The record number (line number) for MSP information. The beneficiary may have more than one record.

**MSP CODE**  
MSP code indicator. Valid values are:
- 12 = Working Aged
- 13 = End Stage Renal Disease (ESRD)
- 14 = Auto/Liability
- 15 = Worker’s Compensation
- 16 = Federal - Public Health
- 41 = Black Lung
- 43 = Disabled
- 47 = Any Liability

**EFF DATE**  
Effective date of the primary insurance (MM/DD/CCYY).

**TERM DATE**  
Termination date of the primary insurance (MM/DD/CCYY).
Providers should be aware that Medicare Advantage (MA) plans differ from Medicare Secondary Payer (MSP) records (ELGH Page 04) in that a beneficiary’s enrollment in an MA plan is an alternative to traditional Medicare benefits (Part A and Part B). Therefore, reimbursement for services will either be from the MA plan (also known as Medicare Part C) or traditional Medicare. Additional information is available in this chapter regarding MA plans and the impact of a hospice election, as well as determining whether a hospice election impacts your dates of service (ELGH Page 09 or ELGA Page 02).

**ELGH Screen Page 05—Plan Information**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**PLAN-TYPE** This field provides the type of Medicare Advantage (MA) plan. Valid values are:

- HMO (Health Maintenance Organization)
- PPO (Preferred Provider Organization)
- FFS Demo (Fee-for-Service Demonstration)
- Indemnity
- POS (Point of Sale)

**PLAN-ID** The MA plan identification code (5-digits):

1\(^{st}\) digit – Letter or number
2\(^{nd}\) and 3\(^{rd}\) digit – State Code
4\(^{th}\) and 5\(^{th}\) digit – Medicare Advantage plan number within the state

You can use the PLAN-ID code to look up contact information for the MA plan by accessing the MA Plan directory. More information about accessing this resource is available below.
OPT  Option Code. The MA plan identification code. Describes the beneficiary’s relationship with the MA plan. Valid codes are:

1 – Intermediary processes all (Part A and Part B) provider bills (unrestricted). Submit your claim to the intermediary.

2 – HMO processes directly provided services and arranged services. Intermediary processes all others (unrestricted).

A – Intermediary processes all (Part A and Part B) provider bills (restricted)

B – HMO to process only bills for directly provided services (restricted); intermediary to process all other bills.

C – HMO to process all bills (restricted). Submit your claim to the Medicare Advantage plan.

ENR-DATE  The MA plan effective date (MMDDCCYY).

TRM DATE  The MA plan termination date (MMDDCCYY).

If the MA plan listed on this screen impacts your dates of service, CGS encourages providers to verify this information with the beneficiary. If the MA plan election listed is correct, providers must look to the MA plan for reimbursement and a claim should not be submitted to CGS, with the exception of Option Code 1. If the MA plan election is listed in error, a claim should not be submitted until the beneficiary’s record has been updated. Providers are also encouraged to use ELGH page 09 to determine if the beneficiary has elected hospice. If the beneficiary has elected hospice and has an MA plan, all services (including those not related to the terminal diagnosis) are billed as usual to CGS, or other Medicare Fee-for-Service (FFS) contractor (e.g., intermediary, Medicare administrative contractor (MAC)).

Access the following link from the CMS website and click on “MA Plan Directory” to determine which MA plan is associated with the identification code and how to contact the plan to submit services for payment or update incorrect enrollment or termination dates, when appropriate.

### ELGH Screen Page 06—Next Eligible Date

<table>
<thead>
<tr>
<th>IP-REC</th>
<th>CN</th>
<th>NEXT ELIGIBLE DATE</th>
<th>PAGE 06 OF 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWF</td>
<td>PART A</td>
<td>ELIGIBILITY SYSTEM</td>
<td>ELGH Screen Page 06—Next Eligible Date</td>
</tr>
<tr>
<td>MM/DD/CCYY</td>
<td>HH:MM:SS</td>
<td>NEXT ELIGIBLE DATE</td>
<td>PAGE 06 OF 15</td>
</tr>
</tbody>
</table>

**Preventive Service**

The abbreviation of each preventive service and the associated HCPCS codes.

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Abbreviation</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>CARDIOVASC</td>
<td>80061, 82465, 82718, 84478</td>
</tr>
<tr>
<td>Colorectal</td>
<td>COLORECTAL</td>
<td>G0104, G0105, G0106, G0120, G0121</td>
</tr>
<tr>
<td>Fecal Occult Blood Test</td>
<td>FOB TEST</td>
<td>G0107, G0328, 82270</td>
</tr>
<tr>
<td>Initial Preventive Physical Exam</td>
<td>IPP EXAM</td>
<td>G0344, G0366, G0367, G0368</td>
</tr>
<tr>
<td>Pelvic and Clinical Breast Exam</td>
<td>PCB EXAM</td>
<td>G0101</td>
</tr>
</tbody>
</table>

The abbreviation of each preventive service and the associated HCPCS codes.

**Preventive Service**

The abbreviation of each preventive service and the associated HCPCS codes.

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Abbreviation</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>CARDIOVASC</td>
<td>80061, 82465, 82718, 84478</td>
</tr>
<tr>
<td>Colorectal</td>
<td>COLORECTAL</td>
<td>G0104, G0105, G0106, G0120, G0121</td>
</tr>
<tr>
<td>Fecal Occult Blood Test</td>
<td>FOB TEST</td>
<td>G0107, G0328, 82270</td>
</tr>
<tr>
<td>Initial Preventive Physical Exam</td>
<td>IPP EXAM</td>
<td>G0344, G0366, G0367, G0368</td>
</tr>
<tr>
<td>Pelvic and Clinical Breast Exam</td>
<td>PCB EXAM</td>
<td>G0101</td>
</tr>
</tbody>
</table>

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.
### Preventive Services

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Abbreviation</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate (including separate next eligible dates for digital rectal examination)</td>
<td>PROSTATE</td>
<td>G0102, G0103</td>
</tr>
<tr>
<td>Pap Test</td>
<td>PAP TEST or PAPT</td>
<td>Q0091, P3000, G0123, G0143, G0144, G0145, G0147, G0148</td>
</tr>
<tr>
<td>Diabetes</td>
<td>DIABETES</td>
<td>82947, 82950, 82951</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>GLAU</td>
<td>G0117, G0118</td>
</tr>
<tr>
<td>Mammography</td>
<td>MAMM</td>
<td>76092, 77057, G0202, G0203</td>
</tr>
</tbody>
</table>

### TECH DTE and PROF DTE

The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible. These abbreviated messages are:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOPTBENT or PTB</td>
<td>Beneficiary not entitled to Part B or beneficiary’s next eligible date is after their Medicare Part B termination date</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>Beneficiary already received service</td>
</tr>
<tr>
<td>DODNOELG</td>
<td>Beneficiary not eligible due to date of death</td>
</tr>
<tr>
<td>GDRNOELG</td>
<td>Beneficiary not eligible due to gender</td>
</tr>
<tr>
<td>AGENOELG</td>
<td>Beneficiary not eligible due to age</td>
</tr>
<tr>
<td>SRVNOELG</td>
<td>Beneficiary not eligible for the service</td>
</tr>
<tr>
<td>VACCINTD</td>
<td>Beneficiary already vaccinated</td>
</tr>
<tr>
<td>HCPCTERM</td>
<td>HCPCS code for the preventive services has been terminated</td>
</tr>
<tr>
<td>000000000</td>
<td>Service not applicable</td>
</tr>
<tr>
<td>DODNOENT or DOD</td>
<td>Next eligible date for the preventive service is after the beneficiary’s date of death</td>
</tr>
</tbody>
</table>
It is important to keep in mind that the eligibility date is calculated based on claims payment history. As claims are processed, the eligibility dates may change; therefore, it is important for providers to check the eligibility status before providing a service.

➔ The Centers for Medicare & Medicaid Services (CMS) has a variety of Medicare Learning Network (MLN) products related to preventive services. These resources are available on the CMS website at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html
### ELGH Screen Page 07—Next Eligible Date

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>ELGH</td>
<td>CF PART A ELIGIBILITY SYSTEM ELGHcro</td>
</tr>
<tr>
<td>MM/DD/CCYY</td>
<td>NEXT ELIGIBLE DATE PAGE 07 OF 15</td>
</tr>
<tr>
<td>IP-REC CN</td>
<td>PREVENTIVE SERVICE TECH DTE PROF DTE MM/DD/CCYY</td>
</tr>
<tr>
<td>NM</td>
<td>AAA (G0389) 07012007 07012007</td>
</tr>
<tr>
<td>IT</td>
<td>IPP EXAM (G0403) SRVNOELG SRVNOELG</td>
</tr>
<tr>
<td>DB</td>
<td>IPP EXAM (G0405) 00000000 SRVNOELG</td>
</tr>
<tr>
<td>SX</td>
<td>AWV (G0438) 01012011 01012011</td>
</tr>
<tr>
<td>INT</td>
<td>HCAS (G0472) DODNOELG DODNOELG</td>
</tr>
<tr>
<td>INT</td>
<td>LDCT (G0297) AGENOELG AGENOELG</td>
</tr>
<tr>
<td>INT</td>
<td>HPVS (G0476) AGENOELG 00000000</td>
</tr>
</tbody>
</table>

PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

### ELGH Screen Page 07 Field Descriptions (continued)

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**PREVENTIVE SERVICE**

The abbreviation of each preventive service and the associated HCPCS codes.

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Abbreviation</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Aortic Aneurysm</td>
<td>AAA</td>
<td>G0389</td>
</tr>
<tr>
<td>Initial Preventive Physical Exam</td>
<td>IPP EXAM</td>
<td>G0402, G0403, G0404, G0405</td>
</tr>
<tr>
<td>Pharmacogenomic Testing for Warfarin Response</td>
<td>PTWR</td>
<td>G9143</td>
</tr>
<tr>
<td>Annual Wellness Visit – Initial visit</td>
<td>AWV</td>
<td>G0438</td>
</tr>
<tr>
<td>Annual Wellness Visit – Subsequent visit</td>
<td>AWV</td>
<td>G0439</td>
</tr>
<tr>
<td>Hepatitis C Virus Screening</td>
<td>HCAS</td>
<td>G0472</td>
</tr>
</tbody>
</table>
ELGH Screen Page 07 Field Descriptions (continued)

### PREVENTIVE SERVICE

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Abbreviation</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer Screening</td>
<td>COCS</td>
<td>G0464 / 81528</td>
</tr>
<tr>
<td>Low Dose Computed Tomography</td>
<td>LDCT</td>
<td>G0297</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus Screening</td>
<td>HIVS</td>
<td>G0475</td>
</tr>
<tr>
<td>Human Papillomavirus Screening</td>
<td>HPVS</td>
<td>G0476</td>
</tr>
</tbody>
</table>

+ TECH DTE and PROF DTE +

The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible. These abbreviated messages are:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOPTBENT or PTB</td>
<td>Beneficiary not entitled to Part B or beneficiary’s next eligible date is after their Medicare Part B termination date</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>Beneficiary already received service</td>
</tr>
<tr>
<td>DODNOELG</td>
<td>Beneficiary not eligible due to date of death</td>
</tr>
<tr>
<td>GDRNOELG</td>
<td>Beneficiary not eligible due to gender</td>
</tr>
<tr>
<td>AGENOELG</td>
<td>Beneficiary not eligible due to age</td>
</tr>
<tr>
<td>SRVNOELG</td>
<td>Beneficiary not eligible for the service</td>
</tr>
<tr>
<td>VACCINTD</td>
<td>Beneficiary already vaccinated</td>
</tr>
<tr>
<td>00000000</td>
<td>Service not applicable</td>
</tr>
<tr>
<td>HCPCTSTRM</td>
<td>HCPCS code for the preventive service has been terminated.</td>
</tr>
<tr>
<td>DODNOENT or DOD</td>
<td>Next eligible date for the preventive service is after the beneficiary’s date of death</td>
</tr>
</tbody>
</table>
**ELGH Screen Page 08—Smoking Cessation**

<table>
<thead>
<tr>
<th>ELGH</th>
<th>CWF</th>
<th>PART A</th>
<th>ELIGIBILITY SYSTEM</th>
<th>ELGHCPRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/CCYY</td>
<td>HH:MM:SS</td>
<td>SMOKING CESSION</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>CN</td>
<td>NM</td>
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<td>DB</td>
</tr>
</tbody>
</table>

**COUNSELING PERIOD:** 1 2 3 4 5

**TOTAL SESSIONS:**

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>FROM</th>
<th>THRU</th>
<th>PER</th>
<th>QT</th>
<th>TP</th>
</tr>
</thead>
</table>

**HCPCS**
The HCPCS code identifying the level of smoking and tobacco-use cessation counseling.

**FROM**
From date of service in MM/DD/CCYY format.

**THRU**
Through date of service in MM/DD/CCYY format.

**PER**
Period number.

**QT**
Quantity.

**TP**
Claim type.
### ELGH Screen Page 09—Hospice Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELGH MM/DD/CCYY HH:MM:SS</td>
<td>Provides the most recent hospice benefit periods if the APP DATE field is left blank. If a date is entered in the APP DATE field, the screen will display up to 5 hospice benefit periods with a TERM DATE equal or prior to the APP DATE.</td>
</tr>
<tr>
<td>HOSPICE PERIOD</td>
<td>The start date of the hospice benefit period.</td>
</tr>
<tr>
<td>TERM DATE</td>
<td>The termination date of the hospice benefit period.</td>
</tr>
<tr>
<td>PROVIDER NO</td>
<td>The provider number of the hospice facility providing hospice services. For information about how to obtain the name, number, and address of a hospice provider, refer to the “Home Health and Hospice Provider ID Information” Web page at <a href="https://www.cgsmedicare.com/hhh/education/materials/Provider_ID.html">https://www.cgsmedicare.com/hhh/education/materials/Provider_ID.html</a> on the CGS website.</td>
</tr>
<tr>
<td>INTER NO</td>
<td>The intermediary number of the Medicare contractor that processed the hospice claim.</td>
</tr>
<tr>
<td>REVOC IND</td>
<td>A revocation indicator of “1” will display for the benefit period when the hospice submitted a claim indicating the beneficiary has revoked or was discharged from the hospice benefit. For claims with dates of service on/after January 1, 2012, a revocation indicator of “1” will also display when the provider’s claim is submitted with a patient status code “01” (discharge to home). If the REVOC IND field is blank, the beneficiary is still under the hospice benefit; therefore, all services that are related to the terminal illness must be billed by the hospice agency caring for the beneficiary. Any non-hospice claims submitted for services related to the terminal diagnosis will be rejected.</td>
</tr>
</tbody>
</table>

Other valid entries include:

2 – Discharge claim processed with non-payment code of ‘N’.
3 – Hospice election was cancelled by the intermediary/MAC.
**ELGH Screen Page 10—Rehabilitation Sessions**

Screen Page 10 is informational only for home health and hospice providers.

<table>
<thead>
<tr>
<th></th>
<th>MM/DD/CCYY</th>
<th>HH:MM:SS</th>
<th>CWF</th>
<th>PART A</th>
<th>ELIGIBILITY SYSTEM</th>
<th>ELGHCRO</th>
<th>TECH</th>
<th>PROF</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTS</td>
<td>IP-REC CN</td>
<td>NM</td>
<td>IT</td>
<td>DB</td>
<td>REHABILITATION</td>
<td>SESSIONS</td>
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<td></td>
</tr>
<tr>
<td>PULMONARY REMAINING:</td>
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<td>72</td>
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<td>(HCPC:G0424)</td>
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<td>CARDIAC APPLIED:</td>
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<tr>
<td>ICR APPLIED:</td>
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<td></td>
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<td>(HCPCS:G0422,G0423)</td>
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</tr>
</tbody>
</table>

**ELGH Screen Page 10 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**PULMONARY REMAINING:**

The pulmonary rehabilitation services remaining.

**CARDIAC APPLIED:**

The cardiac rehabilitation services applied.

**ICR APPLIED:**

The intensive cardiac rehabilitation services applied.
**ELGH Screen Page 11—HH Certification Plan of Care**

Information will only display on Page 11 if the physician submitted their Part B claim for these services. Home health providers may use this information in conjunction with ELGH Page 03 and ELGA Page 04 to determine if the beneficiary is currently receiving or has received prior services under the Medicare home health benefit.

<table>
<thead>
<tr>
<th>REC</th>
<th>HCPCS</th>
<th>FROM DT</th>
<th>REC</th>
<th>HCPCS</th>
<th>FROM DT</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td></td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td></td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td></td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td></td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td></td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td></td>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ELGH Screen Page 11 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**RE**C Record number.

**HCPCS** The HCPCS code submitted by the physician for services provided to certify that the beneficiary is eligible for home health services. Valid HCPCS codes are:

- **G0179** - Physician re-certification for Medicare-covered home health services under a plan of care
- **G0180** - Physician certification for Medicare-covered home health services under a plan of care

**FROM DT** The date of service for either of the two codes above when these codes have been paid.
**ELGH Screen Page 12—Telehealth Service Next Elig Date**

Screen Page 12 is informational only for home health and hospice providers.

<table>
<thead>
<tr>
<th>Field Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TELEHEALTH SERVICES: HOSPITAL CARE</strong></td>
</tr>
<tr>
<td><strong>HCPCS:</strong> 99231, 99232, 99233</td>
</tr>
<tr>
<td><strong>NEXT ELIGIBLE DATE:</strong> MM/DD/CCYY</td>
</tr>
<tr>
<td><strong>RULE:</strong> ALLOW HCPCS 99231, 99232, 99233</td>
</tr>
<tr>
<td>WITH MODIFIER GQ OR GT EVERY 4TH DAY</td>
</tr>
</tbody>
</table>

**ELGH Screen Page 12 Field Descriptions**
The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**TELEHEALTH SERVICES:**
Fields that appear below this heading apply to subsequent hospital care services.

**HCPCS:**
HCPCS codes for subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days.

**NEXT ELIGIBLE DATE:**
The next eligible date is based on previously received telehealth services for hospital care service. Valid values include:

- **MM/DD/CCYY:** If a date is present, the next eligible date is the 4th day after the posted date. If the beneficiary had no previous hospital care services the next eligible date field will display 01/01/2011. If the beneficiary’s Part B entitlement date is after the effective date of the hospital care services, the Part B entitlement date is the next eligible date.

- **NOPTBENT:** Beneficiary is not entitled to Medicare Part B.

- **DODNOENT:** Next eligibility date falls after the date of death.

**RULE:**
The Medicare guideline for telehealth services.
ELGH Screen Page 12 Field Descriptions (continued)

**TELEHEALTH SERVICES:** Fields that appear below this heading apply to subsequent nursing facility care services.

**HCPCS:** HCPCS codes for subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days.

**NEXT ELIGIBLE DATE:** The next eligible date is based on previously received telehealth services for nursing facility care services. Valid values include:

- **MM/DD/CCYY** If a date is present, the next eligible date is the 31st day after the posted date. If the beneficiary had no previous nursing facility care services the next eligible date field will display 01/01/2011. If the beneficiary’s Part B entitlement date is after the effective date of the nursing facility care services, the Part B entitlement date is the next eligible date.

- **NOPTBENT** Beneficiary is not entitled to Medicare Part B.

- **DODNOENT** Next eligibility date falls after the date of death.

**RULE:** The Medicare guideline for telehealth services.
**ELGH Screen Page 13—Behavioral Services**

Screen Page 13 is informational only for home health and hospice providers.

<table>
<thead>
<tr>
<th>Field Description</th>
<th>Field Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOHOL ABUSE:</td>
<td>(G0442)</td>
<td>The preventive service and its associated HCPCS</td>
</tr>
<tr>
<td>NEXT ELIG PROF</td>
<td></td>
<td>Next eligible professional date for the behavioral service. (MM/DD/CCYY)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May also display:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOPTBENT – Beneficiary not entitled to Part B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DODNOELG – Beneficiary not eligible due to date of death</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SVCNOELG – Beneficiary not eligible for the service</td>
</tr>
<tr>
<td>ALCOHOL SCREENING:</td>
<td>(G0443)</td>
<td>The preventive service and its associated HCPCS</td>
</tr>
<tr>
<td>NEXT ELIG PROF</td>
<td></td>
<td>Next eligible professional date for the behavioral service. (MM/DD/CCYY)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May also display:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOPTBENT – Beneficiary not entitled to Part B</td>
</tr>
<tr>
<td>OBESITY:</td>
<td>(G0447)</td>
<td>Conducted with a body mass index (BMI) of 35 or greater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May also display:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOPTBENT – Beneficiary not entitled to Part B</td>
</tr>
<tr>
<td>IBT FOR CVD:</td>
<td>(G0446)</td>
<td>Conducted with a body mass index (BMI) of 35 or greater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May also display:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOPTBENT – Beneficiary not entitled to Part B</td>
</tr>
<tr>
<td>IBT FOR CVD:</td>
<td>(G0446)</td>
<td>Conducted with a body mass index (BMI) of 35 or greater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May also display:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOPTBENT – Beneficiary not entitled to Part B</td>
</tr>
<tr>
<td>IBT FOR CVD:</td>
<td>(G0446)</td>
<td>Conducted with a body mass index (BMI) of 35 or greater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May also display:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOPTBENT – Beneficiary not entitled to Part B</td>
</tr>
<tr>
<td>IBT FOR CVD:</td>
<td>(G0446)</td>
<td>Conducted with a body mass index (BMI) of 35 or greater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May also display:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOPTBENT – Beneficiary not entitled to Part B</td>
</tr>
<tr>
<td>IBT FOR CVD:</td>
<td>(G0446)</td>
<td>Conducted with a body mass index (BMI) of 35 or greater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May also display:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOPTBENT – Beneficiary not entitled to Part B</td>
</tr>
</tbody>
</table>

**ELGH Screen Page 13 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.
DODNOELG – Beneficiary not eligible due to date of death
SVCNOELG – Beneficiary not eligible for the service

ELGH Screen Page 13 Field Descriptions (continued)

REM Remaining behavioral services available.

ADULT DEPRESSION: The behavioral service and its associated HCPCS
(G0444)

NEXT ELIG TECH Next eligible technical date for the behavioral service. (MM/DD/CCYY)
May also display:
  NOPTBENT – Beneficiary not entitled to Part B
  DODNOELG – Beneficiary not eligible due to date of death
  SVCNOELG – Beneficiary not eligible for the service

NEXT ELIG PROF Next eligible professional date for the behavioral service. (MM/DD/CCYY)
May also display:
  NOPTBENT – Beneficiary not entitled to Part B
  DODNOELG – Beneficiary not eligible due to date of death
  SVCNOELG – Beneficiary not eligible for the service

IBT FOR CVD: The behavioral service and its associated HCPCS
(G0446)

NEXT ELIG TECH Next eligible technical date for the behavioral service. (MM/DD/CCYY)
May also display:
  NOPTBENT – Beneficiary not entitled to Part B
  DODNOELG – Beneficiary not eligible due to date of death
  SVCNOELG – Beneficiary not eligible for the service

NEXT ELIG PROF Next eligible professional date for the behavioral service. (MM/DD/CCYY)
May also display:
  NOPTBENT – Beneficiary not entitled to Part B
  DODNOELG – Beneficiary not eligible due to date of death
  SVCNOELG – Beneficiary not eligible for the service

OBESITY: The behavioral service and its associated HCPCS
(G0447)

NEXT ELIG TECH Next eligible technical date for the behavioral service. (MM/DD/CCYY)
May also display:
  NOPTBENT – Beneficiary not entitled to Part B
  DODNOELG – Beneficiary not eligible due to date of death
  SVCNOELG – Beneficiary not eligible for the service
## ELGH Screen Page 13 Field Descriptions (continued)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
</table>
| NEXT ELIG PROF | Next eligible professional date for the behavioral service. (MM/DD/CCYY) May also display:  
  - NOPTBENT – Beneficiary not entitled to Part B  
  - DODNOELG – Beneficiary not eligible due to date of death  
  - SVCNOELG – Beneficiary not eligible for the service |
| REM | Remaining behavioral services available. |
| OBESITY: G0473 | The behavioral service and its associated HCPCS |
| NEXT ELIG TECH | Next eligible technical date for the behavioral service. (MM/DD/CCYY) May also display:  
  - NOPTBENT – Beneficiary not entitled to Part B  
  - DODNOELG – Beneficiary not eligible due to date of death  
  - SVCNOELG – Beneficiary not eligible for the service |
| NEXT ELIG PROF | Next eligible professional date for the behavioral service. (MM/DD/CCYY) May also display:  
  - NOPTBENT – Beneficiary not entitled to Part B  
  - DODNOELG – Beneficiary not eligible due to date of death  
  - SVCNOELG – Beneficiary not eligible for the service |
| REM | Remaining behavioral services available. |
**ELGH Screen Page 14—HIBC Counselling**

Screen Page 14 is informational only for home health and hospice providers.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>STIS: (G0445)</td>
<td>Sexually Transmitted Infections (STIs) and the associated HCPCS.</td>
</tr>
<tr>
<td>NEXT ELIG TECH DATE:</td>
<td>Next eligible technical date for the service. (MM/DD/CCYY)</td>
</tr>
<tr>
<td></td>
<td>May also display:</td>
</tr>
<tr>
<td></td>
<td>NOPTBENT – Beneficiary not entitled to Part B</td>
</tr>
<tr>
<td></td>
<td>DODNOELG – Beneficiary not eligible due to date of death</td>
</tr>
<tr>
<td>STIC: (G0445)</td>
<td>Sexually Transmitted Infections (STIs) and the associated HCPCS.</td>
</tr>
<tr>
<td>NEXT ELIG PROF DATE:</td>
<td>Next eligible professional date for the service. (MM/DD/CCYY)</td>
</tr>
<tr>
<td></td>
<td>May also display:</td>
</tr>
<tr>
<td></td>
<td>NOPTBENT – Beneficiary not entitled to Part B</td>
</tr>
<tr>
<td></td>
<td>DODNOELG – Beneficiary not eligible due to date of death</td>
</tr>
</tbody>
</table>
Screen Page 15 is informational only for home health and hospice providers.

**ELGH Screen Page 15 Field Descriptions**

The top line of information is carried over from the ELGH screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**HCPCS:**
HCPCS codes associated with bone density testing.

**NEXT ELIG TECH DATE:**
Next eligible technical date for bone density testing. (MM/DD/CCYY)

May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death

**NEXT ELIG PROF DATE:**
Next eligible professional date for bone density testing. (MM/DD/CCYY)

May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death

**RULE:**
The Medicare preventative benefit provided for bone density testing.
ELGA Screen Examples and Field Descriptions

The ELGA screens are typically accessed by hospitals and skilled nursing facilities (SNFs). However, there may be times when a home health or hospice provider may need to access additional information on ELGA that is not available on ELGH. This information includes:

- Hospital and SNF stay dates and number of benefit days remaining
- Detailed MSP information
- Date of earliest and latest billing action for home health services

Field descriptions for ELGA follow each set of screen examples.

⇒ All dates shown on the ELGA screens are in MMDDCCYY format unless otherwise noted.

ELGA Screen Page 01—Beneficiary Information (Beneficiary Entitlement, Hospital and SNF Days, Medicare Advantage Plan Information)

<table>
<thead>
<tr>
<th>ELGA</th>
<th>CWF</th>
<th>PART A ELIGIBILITY SYSTEM</th>
<th>ELGACRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/CCYY</td>
<td>HH:MM:SS</td>
<td>BENEFICIARY INFORMATION</td>
<td>PAGE 01 OF XX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IP-REC</th>
<th>CN</th>
<th>NM</th>
<th>IT</th>
<th>DB</th>
<th>SX</th>
<th>INT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PN</td>
<td>APP</td>
<td>REAS</td>
<td>REQ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIS-CODE</td>
<td>MSG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORRECT</td>
<td>CN</td>
<td>NM</td>
<td>IT</td>
<td>DB</td>
<td>SX</td>
<td></td>
</tr>
<tr>
<td>A-ENT</td>
<td>A-TRM</td>
<td>B-ENT</td>
<td>B-TRM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOD</td>
<td>LRSV</td>
<td>LPSY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAYS LEFT</td>
<td>FULL-HOSP</td>
<td>CO-HOSP</td>
<td>FULL-SNF</td>
<td>CO-SNF</td>
<td>IP-DED</td>
<td>DOeba</td>
</tr>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARTB</td>
<td>YR</td>
<td>DED-TBM</td>
<td>PSYC</td>
<td>APL</td>
<td>APL</td>
<td></td>
</tr>
<tr>
<td>PHYS THER</td>
<td>OCC THER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FULL-NAME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLAN-TYPE</td>
<td>CURR-ID</td>
<td>OPT</td>
<td>ENR</td>
<td>TERM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESRD: CODE-1</td>
<td>EFF DATE</td>
<td>CODE-2</td>
<td>EFF DATE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

⇒ ELGA does not display periods of inactive eligibility for beneficiaries who are in the country unlawfully, have been deported or are incarcerated. However, inactive eligibility periods are available by accessing the eligibility tab in the myCGS online web portal. For additional information about myCGS, refer to the myCGS User Guide at http://www.cgsmedicare.com/myCGS/manual.html on the CGS website. Inactive eligibility information is also available from the Medicare Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS). For information about HETS, refer to the Medicare Learning Network (MLN) Matters® article, SE1249 which is
ELGA Screen Page 01 Field Descriptions

IP-REC  For intermediary use only.
CN  The beneficiary’s Health Insurance Claim Number (HICN) as entered on the Common Working File (CWF) Part A Eligibility System screen.
NM  The beneficiary’s last name as entered on the CWF Part A Eligibility System screen.
IT  The first letter of beneficiary’s first name as entered on the CWF Part A Eligibility System screen.
DB  The beneficiary’s date of birth as entered on the CWF Part A Eligibility System screen.
SX  The beneficiary’s gender as entered on the CWF Part A Eligibility System screen.
INT  The Medicare intermediary number as entered on the CWF Part A Eligibility System screen.

► If any of the information shown in the above fields appears in a different color, note the correct information found in the corresponding field on the “correct” line. Ensure that you update your records and submit claims that reflect the correct information.

PN  Your facility’s Provider Transaction Access Number (PTAN), (formerly known as Medicare provider number or OSCAR) as entered on the CWF Part A Eligibility System screen.
APP  The date as entered in the APP DATE field on the CWF Part A Eligibility System screen. If APP DATE field is left blank, this field will be blank.
REAS  The reason for this inquiry as entered on the CWF Part A Eligibility System screen. Valid codes:
  1 – Status Inquiry (default);
  2 – Inquiry relating to an admission.
REQ  The requester ID as entered on the CWF Part A Eligibility System screen (0011).
### ELGA Screen Page 01 Field Descriptions (continued)

**DISP-CODE**  

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Not in file</td>
</tr>
<tr>
<td>51</td>
<td>Not in file on CMS batch system</td>
</tr>
<tr>
<td>52</td>
<td>Host Site ID error on database</td>
</tr>
<tr>
<td>55</td>
<td>Does not match a master record</td>
</tr>
<tr>
<td>60</td>
<td>Input/Output error on database</td>
</tr>
<tr>
<td>61</td>
<td>Cross reference data base problem</td>
</tr>
</tbody>
</table>

**MSG**  
The description of the disposition code (DISP CODE).

Information in the first five fields listed below (CORRECT CN, NM, IT, DB, SX) will only display if the data entered on the CWF Part A Eligibility System screen was incorrect or has been updated. When submitting claims to Medicare, use the corrected information (if available) to avoid claim submission errors. The remaining fields display the beneficiary’s eligibility information.

**CORRECT CN**  
Corrected claim number.

**NM**  
Corrected name.

**IT**  
Corrected initial.

**DB**  
Corrected date of birth.

**SX**  
Corrected sex code.

**A-ENT**  
The beneficiary’s date of entitlement to Medicare Part A benefits.

**A-TRM**  
The beneficiary’s date of termination from Medicare Part A benefits.

**B-ENT**  
The beneficiary’s date of entitlement to Medicare Part B benefits.

**B-TRM**  
The beneficiary’s date of termination from Medicare Part B benefits.

**DOD**  
Date of death of the beneficiary.

**LRSV**  
Lifetime Reserve. Number of lifetime reserve days remaining.

**LPSY**  
Lifetime Psychiatric. Number of psychiatric days remaining.

**FULL-HOSP**  
The full hospital inpatient days remaining in the current benefit period.

**CO-HOSP**  
The hospital inpatient coinsurance days remaining in the current benefit period.

**FULL-SNF**  
The full skilled nursing facility (SNF) days remaining in the current benefit period.

**CO-SNF**  
The SNF coinsurance days remaining in the current benefit period.
ELGA Screen Page 01 Field Descriptions (continued)

IP-DED  The amount of inpatient deductible remaining to be met.
DOEBA  The date of earliest billing action for an inpatient spell of illness in the current benefit period.
DOLBA  The date of the latest billing action for an inpatient spell of illness in the current benefit period.
PART B YR  Most recent Part B year (CCYYMMDD).
DED-TBM  The amount of Part B cash deductible remaining to be met for the year.
PSYC  The psychiatric deductible used for the year.
PHYS THER  The physical therapy and speech-language pathology (combined) cap amount applied in the Part B year.

Note: Outpatient Part B therapy services are affected by the therapy caps when provided by a home health agency to beneficiaries who are not homebound or under a plan of care (type of bill 34X). Therapy services provided under the Home Health Prospective Payment System (HH PPS) (type of bill 329) are not impacted by the therapy cap limits.

For additional information about the therapy cap exception, refer to the “Additional Resources” listed on the “Home Health Outpatient Therapy Billing” Web page at http://www.cgsmedicare.com/hhh/education/materials/Home_Health_Outpatient_Therapy_Billing.html on the CMS website.

OCC THER  The occupational therapy cap amount applied in the Part B year. See PHYS THER TBM “Note” above.
APL

FULL-NAME  The beneficiary’s full name as it appears on the Common Working File (CWF) master record. When submitting claims to Medicare, use the full name as it appears in this field to avoid claim submission errors.

PLAN-TYPE  This field provides the type of Medicare Advantage (MA) plan (previously referred to Medicare Health Maintenance Organization (HMO)). Valid values are:

- HMO (Health Maintenance Organization)
- PPO (Preferred Provider Organization)
- FFS Demo (Fee-for-Service Demonstration)
- Indemnity
- POS (Point of Sale)

CURR ID  The MA plan identification code (5-digits):

1st digit – Letter or number
2nd and 3rd digit – State Code
4th and 5th digit – MA plan number within the State

You can use the PLAN-ID code to look up contact information for the MA plan by accessing the MA Plan directory. More information about accessing this resource is available below.
ELGA Screen Page 01 Field Descriptions (continued)

OPT  The MA plan Option Code. Describes the beneficiary’s relationship with the MA plan. Valid codes are:
   1 – Intermediary processes all (Part A and Part B) provider bill (unrestricted). Submit your claim to the intermediary.
   2 – HMO processes directly provided services and arranged services. Intermediary processes all others (unrestricted).
   A – Intermediary processes all (Part A and Part B) provider bills (restricted).
   B – HMO to process only bills for directly provided services (restricted); intermediary to process all other bills.
   C – HMO to process all bills (restricted). Submit your claim to the Medicare Advantage plan.

ENR  The MA plan enrollment date.

TERM  The MA plan termination date.

If the MA plan listed on this screen impacts your dates of service, CGS encourages providers to verify this information with the beneficiary. If the MA plan election listed is correct, providers must look to the MA plan for reimbursement and a claim should not be submitted to CGS, with the exception of Option Code 1. If the MA plan election is listed in error, a claim should not be submitted until the beneficiary’s record has been updated. Providers are also encouraged to use ELGA page 02 to determine if the beneficiary has elected hospice and has an MA plan, all services (including those not related to the terminal diagnosis) are billed as usual to CGS, or other Medicare Fee-for-Service contractor (e.g., intermediary, Medicare administrative contractor (MAC)). See the information on MA plans earlier in this chapter under the “ELGH Screen Page 05 “Medicare Advantage Plan Information” header.

Access the following link from the CMS website and click “MA Plan Directory” to determine which MA plan is associated with the identification code and how to contact the plan to submit services for payment or update incorrect enrollment or termination dates, when appropriate.


ESRD: – The End Stage Renal Disease (ESRD) method of reimbursement (Method 1 or Method 2).
CODE-1
EFF DATE  The ESRD method of reimbursement effective date.
CODE-2  The ESRD method of reimbursement (Method 1 or Method 2).
EFF DATE  The ESRD method of reimbursement effective date.
### ELGA Screen Page 02—Hospice Information

<table>
<thead>
<tr>
<th>ELGA</th>
<th>CWF</th>
<th>PART A</th>
<th>ELIGIBILITY SYSTEM</th>
<th>ELGACRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/CCYY</td>
<td>HH:MM:SS</td>
<td>HOSPICE INFORMATION</td>
<td>PAGE 02 OF XX</td>
<td></td>
</tr>
</tbody>
</table>

**IP-REC CN NM IT DB SX INT**

**IMMUNO/TRANS: TRANS IND: DISCHARGE DATE:**

<table>
<thead>
<tr>
<th>HOSPICE PERIOD</th>
<th>PERIOD</th>
<th>PERIOD</th>
<th>PERIOD</th>
<th>PERIOD</th>
<th>PERIOD</th>
</tr>
</thead>
</table>

**START DATE**

**TERM DATE**

**REVOC IND**

PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

### ELGA Screen Page 02 Field Descriptions

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**IMMUNO/TRANS**

Immunosuppressive/transplant information.

**TRANS IND**

This identifies whether the beneficiary has received a Medicare covered transplant. Valid codes are:

1. Allograft bone marrow – transplant from another person
2. Autograft bone marrow – transplant from beneficiary

**DISCHARGE DATE**

Date of hospital discharge following transplant.
ELGA Screen Page 02 Field Descriptions (continued)

The following fields display up to five hospice periods.

**HOSPICE PERIOD**
Provides the most recent hospice benefit periods if the APP DATE field is left blank. If a date is entered in the APP DATE field, the screen will display up to 5 hospice benefit periods with a TERM DATE equal or prior to the APP DATE.

**START DATE**
Start date of the hospice benefit period.

**TERM DATE**
Termination date of the hospice benefit period.

**REVOC IND**
A revocation indicator of “1” will display for the benefit period when the beneficiary has revoked or been discharged from the hospice benefit.

If the REVOC IND field is blank, the beneficiary is still under the hospice benefit; therefore, all services that are related to the terminal illness must be billed by the hospice agency caring for the beneficiary. Any non-hospice claims submitted for services related to the terminal diagnosis will be rejected.

When a hospice claim with dates of service on/after January 1, 2012, is submitted with a patient status code “01” (Discharge to home), a revocation indicator of “1” will display.

Other valid entries include:
2 – Discharge claim processed with non-payment code of ‘N’
3 – Hospice election was cancelled by the intermediary/MAC
**ELGA Screen Page 03—Home Health Benefit Periods**

*Note:* This screen should not be used to determine a beneficiary’s status in a home health episode. (See “ELGA Screen Page 04” on the following page, for home health episode information.)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EARLIEST BILLING DATE</td>
<td>The earliest home health billing date.</td>
</tr>
<tr>
<td>LATEST BILLING DATE</td>
<td>The latest home health billing date.</td>
</tr>
<tr>
<td>PART A VISITS REMAINING</td>
<td>The remaining Part A visits.</td>
</tr>
<tr>
<td>PART B VISITS APPLIED</td>
<td>The Part B visits that have been applied.</td>
</tr>
</tbody>
</table>

**ELGA Screen Page 03 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.
**ELGA Screen Page 04—Home Health PPS Episodes**

**Note:** Like ELGH Page 03, this screen will display the two most recent Home Health Prospective Payment System (HH PPS) episodes based on the APP DATE entered in the CWF Part A Eligibility System screen. Depending upon the episode information currently available on this page, you may also need to review the beneficiary information on ELGH Page 03.

<table>
<thead>
<tr>
<th>ELGA</th>
<th>CWF</th>
<th>PART A ELIGIBILITY SYSTEM</th>
<th>ELGACRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/CCYY</td>
<td>HH:MM:SS</td>
<td>HOME HEALTH PPS EPISODES</td>
<td>PAGE 04 OF XX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IP-REC</th>
<th>CN</th>
<th>NM</th>
<th>IT</th>
<th>DB</th>
<th>SX</th>
<th>INT</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPISODE START</td>
<td>EPISODE END</td>
<td>DOEBA</td>
<td>DOLBA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

**ELGA Screen Page 04 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**EPIDODE START**
The first day of the 60-day HH PPS episode. (Two most recent home health episodes.)

**EPISODE END**
The last day of the 60-day HH PPS episode. (Two most recent home health episodes.)

**DOEBA**
Date of Earliest Billing Action (DOEBA). The date of the first billable visit in the home health episode. If this field is blank or contains zeroes (0000000), a final claim has not been processed for this episode of care.

**DOLBA**
Date of Latest Billing Action (DOLBA). The date of the last billable visit in the home health episode. If this field is blank or contains zeroes (0000000), a final claim has not been processed for this episode of care.

➤ This screen displays the two most recent HH PPS episodes based on the APP DATE entered. The most recent episode will appear on the top line. To determine if prior episodes exist, make a note of the earliest date that displays in the “EPISODE START” field, and press F1 to return to the CWF Part A Eligibility System screen. Ensure that all required fields are complete. Tab to the APP DATE field. Enter a date that is one day prior to the earliest.
episode start date. For example, if the date in the “EPISODE START” field appeared as 09172012, enter 09162012 in the APP DATE field and press Enter. ELGA Page 01 appears. Use your F8 key to page forward to ELGA Page 04. The two most recent HH PPS episodes, if there are any, will display based on the APP DATE entered. To see if additional episodes prior to the start date of these episodes exist, repeat the process by noting the earliest episode start date, pressing F1, and entering a date that is one day prior to the earliest episode start date in the APP DATE field.
ELGA Screen Page 05—Screening Information

<table>
<thead>
<tr>
<th>ELGA Screen Page 05 Field Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.</td>
</tr>
</tbody>
</table>

**HCPCS CODE**  The HCPCS code for the screening service provided to this beneficiary.

**TECH/PROF** Indicates whether the technical or professional component was billed. Valid entries:
- 26 – professional
- TC – technical

**RECENT DATES OF SERVICE** The three most recent dates of service provided for each screening service HCPCS code listed (MMDDCCYY).
The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

The abbreviation of each preventive service and the associated HCPCS codes.

### Preventive Services

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Abbreviation</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>CARDIOVASC</td>
<td>80061, 82465, 82718, 84478</td>
</tr>
<tr>
<td>Colorectal</td>
<td>COLORECTAL</td>
<td>G0104, G0105, G0106, G0120, G0121</td>
</tr>
<tr>
<td>Fecal Occult Blood Test</td>
<td>FOB TEST</td>
<td>G0107</td>
</tr>
<tr>
<td>Initial Preventive Physical Exam</td>
<td>IPP EXAM</td>
<td>G0344, G0366, G0367, G0368</td>
</tr>
<tr>
<td>Pelvic and Clinical Breast Exam</td>
<td>PCB EXAM</td>
<td>G0101</td>
</tr>
</tbody>
</table>
### ELGA Screen Page 06 Field Descriptions (continued)

#### PREVENTIVE SERVICE (continued)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal Pneumonia Vaccine</td>
<td>PV 90732, 90669, 90670</td>
</tr>
<tr>
<td>Prostate (including separate next eligible dates for digital rectal examination)</td>
<td>PROSTATE G0102, G0103</td>
</tr>
<tr>
<td>Pap Test</td>
<td>PAP TEST or PAPT Q0091, P3000, G0123, G0143, G0144, G0145, G0147, G0148</td>
</tr>
<tr>
<td>Diabetes</td>
<td>DIABETES 82947, 82950, 82951</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>GLAU G0117, G0118</td>
</tr>
<tr>
<td>Mammography</td>
<td>MAMM 76092, 77057, G0202, G0203</td>
</tr>
</tbody>
</table>

#### TECH DTE and PROF DTE

The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible. These abbreviated messages are:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOPTBENT or PTB</td>
<td>Beneficiary not entitled to Part B or beneficiary’s next eligible date is after their Medicare Part B termination date</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>Beneficiary already received service</td>
</tr>
<tr>
<td>DODNOELG</td>
<td>Beneficiary not eligible due to date of death</td>
</tr>
<tr>
<td>GDRNOELG</td>
<td>Beneficiary not eligible due to gender</td>
</tr>
<tr>
<td>AGENOELG</td>
<td>Beneficiary not eligible due to age</td>
</tr>
<tr>
<td>SRVNOELG</td>
<td>Beneficiary not eligible for the service</td>
</tr>
<tr>
<td>VACCINTD</td>
<td>Beneficiary already vaccinated</td>
</tr>
<tr>
<td>HCPCTERM</td>
<td>HCPCS code for the preventive services has been terminated.</td>
</tr>
<tr>
<td>00000000</td>
<td>Service not applicable</td>
</tr>
<tr>
<td>DODNOENT or DOD</td>
<td>Next eligible date for the preventive service is after the beneficiary’s date of death</td>
</tr>
</tbody>
</table>
It is important to keep in mind that the eligibility date is calculated based on claims payment history. As claims are processed, the eligibility dates may change; therefore, it is important for providers to check the eligibility status before providing a service.

The Centers for Medicare & Medicaid Services (CMS) has a variety of Medicare Learning Network (MLN) products related to preventive services. These resources are available on the CMS website at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html
### ELGA Screen Page 07—Next Eligible Date

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

#### PREVENTIVE SERVICE

The abbreviation of each preventive service and the associated HCPCS codes.

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Abbreviation</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Aortic Aneurysm</td>
<td>AAA</td>
<td>G0389</td>
</tr>
<tr>
<td>Initial Preventive Physical Exam</td>
<td>IPP EXAM</td>
<td>G0402, G0403, G0404, G0405</td>
</tr>
<tr>
<td>Pharmacogenomic Testing for Warfarin Response</td>
<td>PTWR</td>
<td>G9143</td>
</tr>
<tr>
<td>Annual Wellness Visit – Initial visit</td>
<td>AWV</td>
<td>G0438</td>
</tr>
<tr>
<td>Annual Wellness Visit – Subsequent visit</td>
<td>AWV</td>
<td>G0439</td>
</tr>
<tr>
<td>Hepatitis C Virus Screening</td>
<td>HCAS</td>
<td>G0472</td>
</tr>
</tbody>
</table>
ELGA Screen Page 07 Field Descriptions (continued)

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Abbreviation</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer Screening</td>
<td>COCS</td>
<td>G0464 / 81528</td>
</tr>
<tr>
<td>Low Dose Computed tomography</td>
<td>LDCT</td>
<td>G0297</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus Screening</td>
<td>HIVS</td>
<td>G0475</td>
</tr>
<tr>
<td>Human Papillomavirus Screening</td>
<td>HPVS</td>
<td>G0476</td>
</tr>
</tbody>
</table>

The next eligible technical or professional date the beneficiary can receive that preventive service.

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible. These abbreviated messages are:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOPTBENT or</td>
<td>Beneficiary not entitled to Part B or beneficiary’s next eligible date is</td>
</tr>
<tr>
<td>PTB</td>
<td>after their Medicare Part B termination date</td>
</tr>
<tr>
<td>RECEIVED</td>
<td>Beneficiary already received service</td>
</tr>
<tr>
<td>DODNOELG</td>
<td>Beneficiary not eligible due to date of death</td>
</tr>
<tr>
<td>GDRNOELG</td>
<td>Beneficiary not eligible due to gender</td>
</tr>
<tr>
<td>AGENOELG</td>
<td>Beneficiary not eligible due to age</td>
</tr>
<tr>
<td>SRVNOELG</td>
<td>Beneficiary not eligible for the service</td>
</tr>
<tr>
<td>VACCINTD</td>
<td>Beneficiary already vaccinated</td>
</tr>
<tr>
<td>00000000</td>
<td>Service not applicable</td>
</tr>
<tr>
<td>HCPCTERM</td>
<td>HCPCS code for the preventive service has been terminated.</td>
</tr>
<tr>
<td>DODNOENT or</td>
<td>Next eligible date for the preventive service is after the beneficiary’s</td>
</tr>
<tr>
<td>DOD</td>
<td>date of death</td>
</tr>
</tbody>
</table>

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## ELGA Screen Page 08—Smoking Cessation

<table>
<thead>
<tr>
<th>ELGA Screen Page 08 Field Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.</td>
</tr>
</tbody>
</table>

**TOTAL SESSIONS**

- The total number of sessions per counseling period.

**HCPCS**

- The HCPCS code identifying the level of smoking and tobacco-use cessation counseling.

**FROM**

- From date of service in MM/DD/CCYY format.

**THRU**

- Through date of service in MM/DD/CCYY format.

**PER**

- Period number.

**QT**

- Quantity.

**TP**

- Claim type.
**ELGA Screen Page 09—Rehabilitation Sessions**

Screen Page 09 is informational only for home health and hospice providers.

```
<table>
<thead>
<tr>
<th>ELCGA</th>
<th>CWF</th>
<th>PART A</th>
<th>ELIGIBILITY SYSTEM</th>
<th>ELCGACRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/CCYY</td>
<td>HH:MM:SS</td>
<td>REHABILITATION SESSIONS</td>
<td>PAGE 09 OF XX</td>
<td></td>
</tr>
<tr>
<td>IP-REC</td>
<td>CN</td>
<td>NM</td>
<td>IT</td>
<td>DB</td>
</tr>
<tr>
<td>TECH</td>
<td>PROF</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PULMONARY REMAINING: 72 72
(HCPC: G0424)

CARDIAC APPLIED: 0 0
(HCPCS: 93797, 93798)

ICR APPLIED: 0 0
(HCPCS: G0422, G0423)
```

**ELGA Screen Page 09 Field Description:**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**PULMONARY REMAINING:**
The pulmonary rehabilitation services remaining.

**CARDIAC APPLIED:**
The cardiac rehabilitation services applied.

**ICR APPLIED:**
The intensive cardiac rehabilitation services applied.
ELGA Screen Page 10—HH Certification Plan of Care

Information will only display on Page 10 if the physician submitted their Part B claim for these services. Home health providers may use this information in conjunction with ELGH Page 03 and ELGA Page 04 to determine if the beneficiary is currently receiving or has received prior services under the Medicare home health benefit.

<table>
<thead>
<tr>
<th>REC</th>
<th>HCPCS</th>
<th>FROM DT</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>02</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>03</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>04</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>05</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>06</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>07</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>08</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>09</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

**REC**
Record number.

**HCPCS**
The HCPCS code submitted by the physician for services provided to certify that the beneficiary is eligible for home health services. Valid HCPCS codes are:
- **G0179** - Physician re-certification for Medicare-covered home health services under a plan of care
- **G0180** - Physician certification for Medicare-covered home health services under a plan of care

**FROM DT**
The date of services for either of the two codes above when these codes have been paid.
## ELGA Screen Page 11—Telehealth Service Next Elig Date

Screen Page 11 is informational only for home health and hospice providers.

<table>
<thead>
<tr>
<th>Field Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TELEHEALTH SERVICES:</strong></td>
</tr>
<tr>
<td><strong>HCPCS:</strong></td>
</tr>
<tr>
<td><strong>NEXT ELIGIBLE DATE:</strong></td>
</tr>
<tr>
<td><strong>RULE:</strong></td>
</tr>
</tbody>
</table>

**PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT**

---

**ELGA Screen Page 11 Field Descriptions**

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGH Screen Page 01 Field Descriptions” for information about these fields.

<table>
<thead>
<tr>
<th>Field Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TELEHEALTH SERVICES:</strong></td>
</tr>
<tr>
<td><strong>HCPCS:</strong></td>
</tr>
<tr>
<td><strong>NEXT ELIGIBLE DATE:</strong></td>
</tr>
<tr>
<td><strong>RULE:</strong></td>
</tr>
</tbody>
</table>

**NOPTBENT**: Beneficiary is not entitled to Medicare Part B.

**DODNOENT**: Next eligibility date falls after the date of death.
ELGA Screen Page 11 Field Descriptions (continued)

**TELEHEALTH SERVICES:** Fields that appear below this heading apply to subsequent nursing facility care services.

**HCPCS:** HCPCS codes for subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days.

**NEXT ELIGIBLE DATE:** The next eligible date is based on previously received telehealth services for nursing facility care services. Valid values include:

- **NOPTBENT** Beneficiary is not entitled to Medicare Part B.
- **DODNOENT** Next eligibility date falls after the date of death.

**RULE:** The Medicare guideline for telehealth services.
ELGA Screen Page 12—Behavioral Services

Screen Page 12 is informational only for home health and hospice providers.

<table>
<thead>
<tr>
<th>ELGA</th>
<th>CWF PART A</th>
<th>ELIGIBILITY SYSTEM</th>
<th>ELGACRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/CCYY</td>
<td>HH:MM:SS</td>
<td>BEHAVIORAL SERVICES</td>
<td>PAGE 12 OF XX</td>
</tr>
<tr>
<td>IP-REC CN</td>
<td>NM</td>
<td>IT DB SX</td>
<td>INT</td>
</tr>
</tbody>
</table>

**ALCOHOL ABUSE:** (G0442) NEXT ELIG PROF: MM/DD/CCYY

**ALCOHOL SCREENING:** (G0443) NEXT ELIG PROF: MM/DD/CCYY

**ADULT DEPRESSION:** (G0444) NEXT ELIG PROF: MM/DD/CCYY

**IBT FOR CVD:** (G0446) NEXT ELIG PROF: MM/DD/CCYY

**OBESITY:** (G0447) NEXT ELIG PROF: MM/DD/CCYY

ELGA Screen Page 12 Field Descriptions

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

**ALCOHOL ABUSE:** (G0442)

The behavioral service and its associated HCPCS

**NEXT ELIG PROF**
Next eligible professional date for the behavioral service. (MM/DD/CCYY)

May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death
- SVCNOELG – Beneficiary not eligible for the service

**ALCOHOL SCREENING:** (G0443)

The behavioral service and its associated HCPCS

**NEXT ELIG PROF**
Next eligible professional date for the behavioral service. (MM/DD/CCYY)

May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death
- SVCNOELG – Beneficiary not eligible for the service
ELGA Screen Page 12 Field Descriptions (continued)

REM
Remaining behavioral services available.

ADULT DEPRESSION: (G0444)
ADULT
The behavioral service and its associated HCPCS

NEXT ELIG TECH
Next eligible technical date for the behavioral service. (MM/DD/CCYY)
May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death
- SVCNOELG – Beneficiary not eligible for the service

IBT FOR CVD: (G0446)
IBT
The behavioral service and its associated HCPCS

NEXT ELIG TECH
Next eligible technical date for the behavioral service. (MM/DD/CCYY)
May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death
- SVCNOELG – Beneficiary not eligible for the service

OBESITY: (G0447)
OBESITY
The behavioral service and its associated HCPCS

NEXT ELIG TECH
Next eligible technical date for the behavioral service. (MM/DD/CCYY)
May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death
- SVCNOELG – Beneficiary not eligible for the service
ELGA Screen Page 12 Field Descriptions (continued)

**NEXT ELIG PROF**
Next eligible professional date for the behavioral service. (MM/DD/CCYY)
May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death
- SVCNOELG – Beneficiary not eligible for the service

**REM**
Remaining behavioral services available.

**OBESITY:**
(G0473)
The preventive service and its associated HCPCS

**NEXT ELIG TECH**
Next eligible technical date for the behavioral service. (MM/DD/CCYY)
May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death
- SVCNOELG – Beneficiary not eligible for the service

**NEXT ELIG PROF**
Next eligible professional date for the behavioral service. (MM/DD/CCYY)
May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death
- SVCNOELG – Beneficiary not eligible for the service

**REM**
Remaining behavioral services available.
### ELGA Screen Page 13—HIBC Counselling

Screen Page 13 is informational only for home health and hospice providers.

<table>
<thead>
<tr>
<th>ELGA</th>
<th>CFIA PART A</th>
<th>ELIGIBILITY SYSTEM</th>
<th>ELGACRO</th>
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<tbody>
<tr>
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<td>HH:MM:SS</td>
<td>HIBC COUNSELLING</td>
<td>PAGE 13 OF XX</td>
</tr>
<tr>
<td>IP-REC</td>
<td>CN</td>
<td>NM</td>
<td>IT</td>
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</tbody>
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```
STIS: (G0445)  NEXT ELIG TECH DATE: MM/DD/CCYY
STIS: (G0445)  NEXT ELIG PROF DATE: MM/DD/CCYY
```

### ELGA Screen Page 13 Field Descriptions

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

- **STIS: (G0445)**  
  Sexually Transmitted Infections (STIs) and HCPCS.

- **NEXT ELIG TECH DATE:**  
  Next eligible technical date for the service. (MM/DD/CCYY)
  May also display:
  - NOPTBENT – Beneficiary not entitled to Part B
  - DODNOELG – Beneficiary not eligible due to date of death

- **STIC: (G0445)**  
  Sexually Transmitted Infections (STIs) and HCPCS.

- **NEXT ELIG PROF DATE:**  
  Next eligible professional date for the service. (MM/DD/CCYY)
  May also display:
  - NOPTBENT – Beneficiary not entitled to Part B
  - DODNOELG – Beneficiary not eligible due to date of death
Screen Page 14 is informational only for home health and hospice providers.

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<th>PART A</th>
<th>ELIGIBILITY SYSTEM</th>
<th>ELGACRO</th>
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</thead>
<tbody>
<tr>
<td>MM/DD/CCYY</td>
<td>HH:MM:SS</td>
<td>BONE DENSITY SERVICE NEXT ELIG DATE</td>
<td>PAGE 14 OF XX</td>
<td></td>
</tr>
<tr>
<td>IP-REC</td>
<td>CN</td>
<td>NM</td>
<td>IT</td>
<td>DB</td>
</tr>
</tbody>
</table>

BONE DENSITY SERVICES

HCPCS: 76977, G0130, 77078, 77080, 77081, 77085

NEXT ELIGIBLE TECH DATE: 00/01/0000
NEXT ELIGIBLE PROF DATE: 00/01/0000

RULE: ALLOW HCPCS 76977, G0130, 77078, 77080, 77081, 77085 EVERY 24 MONTHS FOR TECH AND PROF SERVICES

PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

ELGA Screen Page 14 Field Descriptions

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

HCPCS: HCPCS codes associated with bone density testing.

NEXT ELIG TECH DATE: Next eligible technical date for bone density testing. (MM/DD/CCYY)
May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death

Next eligible professional date for bone density testing. (MM/DD/CCYY)
May also display:
- NOPTBENT – Beneficiary not entitled to Part B
- DODNOELG – Beneficiary not eligible due to date of death

RULE: The Medicare preventative benefit provided for bone density testing.
ELGA Screen Page 15—MSP Information

Please note that in ELGA, the “MSP Information” screen incorrectly displays page number 14 instead of page 15.

Note: If MSP information is not applicable to the beneficiary, page 15 will not display. Additional pages, beyond page 15, will display if more than one MSP record exists.

This page displays Medicare Secondary Payer (MSP) information only when another insurance company is primary to Medicare. Supplemental insurer information (insurance which is secondary to Medicare), such as Medigap and Medicaid, will not appear on these screens. For Medicare Advantage (MA) plan information, refer to “ELGA Screen Page 01”.

Reminder: MSP records that have been termed are not viewable without the use of the “APP DATE” field. Review the information under the heading “Information about the APP DATE Field” found earlier in this chapter to ensure you review data that may impact your dates of service. For assistance with submitting MSP claims, refer to the Medicare Secondary Payer (MSP) Overview Web page at https://www.cgsmedicare.com/hhh/education/materials/MSP.html on the CGS website.

ELGA Screen Page 15—MSP Information

The top line of information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.
MSP CODE  Valid MSP code indicator. Valid values are:
   12 = Working Aged
   13 = End Stage Renal Disease (ESRD)
   14 = Auto/Liability
   15 = Worker’s Compensation
   16 = Federal - Public Health
   41 = Black Lung
   43 = Disabled
   47 = Any Liability

EFF DATE  Effective date of the primary insurance.
TERM DATE  Termination date of the primary insurance.
INSURER  NAME  Primary Insurer’s Name
INFORMATION  ADDRESS 1 and 2  Primary Insurer’s Address
             CITY  Primary Insurer’s City
             STATE  Primary Insurer’s State
             ZIP  Primary Insurer’s Zip Code
             POLICY NO  Policy Number of Primary Insurance